

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/889701	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		10					61				
12		10					62				
13		0					63				
14		0					64				
15		①					65				
16	/						66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		7					73				
24		7					74				
25		7					75				
26		7					76				
27	/						77				
28		/					78				
29		/					79				
30		/					80				
31		/					81				
32		/					82				
33		/					83				
34		18					84				
35		8					85				
36		8					86				
37		8					87				
38		8					88				
39	/						89				
40		①					90				
41	/						91				
42		/					92				
43		/					93				
44	/						94				
45	/						95				
46	/						96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	108						TOTAL DEP.				
TOTAL CLAIMS	116						TOTAL CLAIMS				